

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445319	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/08/2014
NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 281 SS=D	<p>483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, facility policy review and interview, the facility failed to follow a physician's order to remove a Lidocaine 5% (percent) patch (pain medication patch) after 12 hours, for one resident (#30), of five residents observed for medication administration.</p> <p>The findings included:</p> <p>Resident #30 was admitted to the facility on August 21, 2014 with diagnoses including Pneumonia.</p> <p>Medical record review of a physician's order dated August 21, 2014, and review of a Medication Administration Record (MAR) for the month of October 2014, revealed "Lidocaine 5% patch, apply to lower back daily, remove after 12 hours [12 hours on and 12 hours off] for pain."</p> <p>Further review of the MAR revealed the 9:00 p.m. section for October 6, 2014, which referred to removal of the patch, was checked and initialed as completed.</p> <p>Observation of Licensed Practical Nurse (LPN) #1 during medication administration on October 7, 2014, at 8:55 a.m., in resident #30's room, revealed a Lidocaine patch in place on the resident's back, dated October 6, 2014, and LPN</p>	F 281	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Willows of Winchester Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p>F281 How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The Nurse caring for Resident #30 was re-educated by Assistant Director of Nursing on 10/07/14 related to Medication Administration/Topical Medication.</p> <p>How the facility will identify other Residents having the potential to be affected by the same deficient practice.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

NHA

11-3-14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398		
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F 281	<p>Continued From page 1</p> <p>#1's initials were on the patch.</p> <p>Review of a facility policy titled "Administering Medications" dated revised December 2012, revealed "...Medications must be administered in accordance with the orders, including any required time frame..."</p> <p>Interview with LPN #1 on October 7, 2014, at 8:55 a.m., in the resident's room, confirmed the Lidocaine patch was the one placed the previous day by LPN #1.</p> <p>Interview with the Assistant Director of Nursing on October 7, 2014, at 9:05 a.m., in the nursing station, confirmed the order was to remove the patch; the MAR showed documentation that the patch was removed; the patch was still in place; and the patch had not been removed as ordered.</p>	F 281	<p>F281</p> <p>All residents with orders for transdermal patches were assessed by Assistant Director of Nursing on 10/07/14 to assure compliance with MD orders and no issues were identified.</p> <p>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>All current charge nurses will be re-educated by Staff Development Coordinator related to transdermal patch administration and disposal by 11/01/14. Nurses hired after 11/01/14 will be educated by Staff Development Coordinator related to transdermal patch administration and disposal during orientation Random checks by Director of Nursing or designee will be conducted 3 X a week for 2 weeks, then 1 X a week for 1 month to ensure compliance.</p>		

Division of Health Care Facilities

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 10/08/2014
NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABIL		STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398			
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N 000	Initial Comments A licensure survey was conducted from October 6, 2014, through October 8, 2014, at Willows At Winchester Care & Rehabilitation Center. No deficiencies were cited under Chapter 1200-8-6, Standards for Nursing Homes.	N 000	F281 How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur. Director of Nursing or designee will report findings of observations of transdermal patch administration and disposal weekly X 6 weeks in at risk meeting and monthly X 2 months during Quality Assurance Performance Improvement Committee (comprised of Administrator, Director of Nursing, Staff Development Coordinator, Director of Environmental Services, Dietary Director, Medical Records Director, Director of Social Services, Director of Rehabilitation, and Medical Director) for further recommendation and/or suggestions and follow-up as needed.	11/01/14	

Division of Health Care Facilities

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TITLE

(X6) DATE

STATE FORM

6899

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If continuation sheet 1 of 1